

PTO/SB/21 (05-03)
 Approved for use through 04/30/2003 QMB 0651-0091
 U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

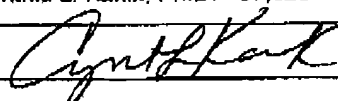
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/726470-Conf. #1635	
	Filing Date	November 29, 2000	
	First Named Inventor	Daniella I. Zheleva	
	Art Unit	1635	
	Examiner Name	B. Dell Chism	
Total Number of Pages in This Submission	1	Attorney Docket Number	CCI-014

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal (1 page) Return Mailroom Postcard
---	---	---

Remarks

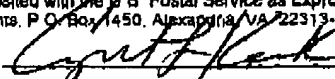
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LAHIVE & COCKFIELD, LLP Cynthia L. Kanik, Ph.D. - 37,320
Signature	
Date	August 25, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airmail No. EV 354229038 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

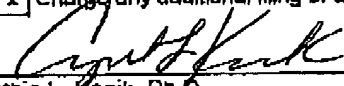
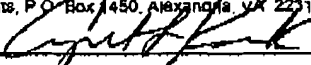
Dated August 25, 2003

Signature



(Cynthia L. Kanik, Ph.D.)

EV354229038US

AMENDMENT TRANSMITTAL LETTER				Docket No. CCI-014	
Application No. 09/726470-Conf. #1635		Filing Date November 29, 2000		Examiner B. Dell Chism	
Art Unit 1635					
Applicant(s): Daniella I. Zheleva, et al.					
Invention: p21 PEPTIDES					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	62	- 54 =	8	x 9.00	72.00
Independent Claims	13	- 12 =	1	x 42.00	42.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					205.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					319.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>319.00</u> A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17					
 Cynthia L. Kanik, Ph.D. Attorney Reg. No.: 37,320				Dated: <u>August 25, 2003</u>	
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 354228038 US, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.					
Dated: August 25, 2003		Signature:  (Cynthia L. Kanik, Ph.D.)			

PTO/SB17 (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)		319.00	
-------------------------------------	--	--------	--

Complete if Known

Application Number	09/726470-Conf. #1635
Filing Date	November 29, 2000
First Named Inventor	Daniella I. Zheleva
Examiner Name	B. Dell Chism
Art Unit	1635
Attorney Docket No.	CCI-014

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number: 12-0080

Deposit Account Name: Lahive & Cockfield, LLP

The Director is hereby authorized to: (check all that apply)

☒ Charge fees indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of the application

☐ Charge fee(s) indicated below, except for the filing fee to the above-mentioned deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 5	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	Reissue independent claims over original patent	
1205	18	2205	9	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					114.00

**or number previously paid, if greater. For Reissue, see above

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	90	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	206.00
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	260	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1601	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of information Disclosures Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify):					
SUBTOTAL (3)					205.00

*Required by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)	Cynthia L. Kanik, Ph D	Registration No. (Attorney/Agent)	37,320	Telephone	(617) 227-7400
Signature		Date	August 25, 2003		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airmail No. EV 354228038 U.S. in an envelope addressed to: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 25, 2003 Signature: (Cynthia L. Kanik, Ph D)

FAX TRANSMISSION

DATE: November 12, 2003
CLIENT NO.: CCI-014
MESSAGE TO: B. Dell Chism
COMPANY: U S. Patent and Trademark Office32
FAX NUMBER: (703) 746-9035
PHONE: (703) 306-5815
FROM: Cynthia L. Kanik, Ph.D.
PHONE: (617) 227-7400

PAGES (Including Cover Sheet): 34


HARD COPY TO FOLLOW: ☐ YES ☒ NO

MESSAGE: Enclosed please find a copy of the response filed August 25, 2003, per our telephone conversation today.

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

 EV 354229038 US		EXPRESS MAIL UNITED STATES POSTAL SERVICE®		Customer Copy Label T1-F June 2002
ORIGIN (POSTAL USE ONLY) RQ ZIP Code: 02109 Day of Delivery: 8/21 First Rate Envelope: <input type="checkbox"/>		DELIVERY (POSTAL USE ONLY) Delivery Attempts: 1 Time: 10:30 AM Employee Signature: [Signature]		
Date: 8/21/03 Postage: \$13.50		Delivery Attempts: 1 Time: 10:30 AM Employee Signature: [Signature]		
Time: 8:30 AM Return Receipt Fee: \$2.00		Delivery Attempts: 1 Time: 10:30 AM Employee Signature: [Signature]		
Weight: 1.00 lb 0.00 oz Int'l Alpha Country Code: CDD Fee: Insurance Fee:		Delivery Attempts: 1 Time: 10:30 AM Employee Signature: [Signature]		
No Delivery: <input type="checkbox"/> Insurance: <input type="checkbox"/> Signature: <input checked="" type="checkbox"/>		Delivery Attempts: 1 Time: 10:30 AM Employee Signature: [Signature]		
CUSTOMER USE ONLY METHOD OF PAYMENT: X022061		Post Office Address ASSISTANT COMMISSIONER FOR PARENTS P.O. Box 1450 Alexandria, VA 22313-1450		
FROM: (PLEASE PRINT) LAHIVE & COCKFIELD LLP 28 STATE ST FL 24 BOSTON MA 02109-1784 GAD/CLK/ker (axq) CCI-014		TO: (PLEASE PRINT) ASSISTANT COMMISSIONER FOR PARENTS P.O. Box 1450 Alexandria, VA 22313-1450		
PLEASE HANG FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com				

Atty Docket No.: CCI-014

Inventor: Daniella I. Zheleva, et al.

Application No.: 09/726470-Conf. #1635

Filing Date: November 29, 2000

Title: p21 PEPTIDES

Documents Filed:

Transmittal Form (1 page)

Fee Transmittal (1 page in duplicate)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)

Amendment Transmittal (1 page)

Amendment And Response (23 pages)

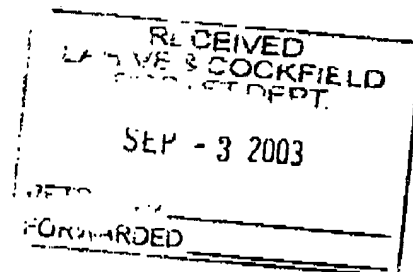
Charge \$319.00 to deposit account 12-0080



Via: Express Mail: Airbill No. EV 354229038 US

Sender's Initials: CLK/JXS/mxq

Date: August 25, 2003

NO POSTAGE STAMP NECESSARY
POSTAGE HAS BEEN PREPAID BYLAHIVE & COCKFIELD, LLP
28 STATE STREET
BOSTON, MA 02109

02109+1784 07

